

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>000125</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/05/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>DYER NURSING AND REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>601 SHEFFIELD AVE</b> <b>DYER, IN 46311</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p><b>INITIAL COMMENTS</b></p> <p>This visit was for the Investigation of Complaints IN00143728 and IN00145349.</p> <p>Complaint IN00143728-Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00145349-Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: March 3, 4, &amp; 5, 2014</p> <p>Facility number: 000125 Provider number: 155220 AIM number: 100266740</p> <p>Survey team: Janet Adams, RN, TC</p> <p>Census bed type: SNF/NF: 140 Residential: 45 Total: 185</p> <p>Census payor type: Medicare: 27 Medicaid: 71 Other: 87 Total: 185</p> <p>Sample: 9</p> <p>Dyer Nursing and Rehabilitation Center was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2 in regard to the Investigation of Complaints IN00143728 and IN00145349.</p> <p>Quality Review 03/06/14 by Lisa McColly</p>	R 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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